

Mill Hill Surgery

111 Avenue Road

Acton, London, W3 8QH

[**www.millhillsurgery.co.uk**](https://www.millhillsurgery.co.uk/)

0208 992 9955

**email:** admin.millhillsurgery@nhs.net

Complaint Form

**INSTRUCTIONS**

1. Complete this form (and, if applicable, the Authorised Consent form)
2. Ensure all signatures are authorised and additional documentation is provided
3. eMail the completed form to the practice at admin.millhillsurgery@nhs.net

The practice welcomes and reviews all complaints about our services or members of staff. All complaints are treated in the same manner and assessed through the same review process.

All complaints are reviewed in the order they are received. Please be aware that the review process is detailed and can be lengthy, depending on the circumstances. The length of time required for resolution will also vary. Once the practice has received your complaint, we will review, investigate and formally respond to any points raised. This response will contain detailed information regarding your complaint, any proposed resolution(s), or any other form of mutually agreed conclusion. Due to increased workload we are not currently able to provide ongoing updates on your complaint progress.

Please be advised that if we do not receive a completed form back from you within 28 days, we will assume that you no longer wish to proceed with your complaint.

**Before you submit the form, please consider that the practice is not able to:**

* + provide treatment recommendations that fall outside the NHS rules and regulations
	+ direct or influence the payment of financial compensation to complainants
	+ adjudicate complaints without offering the GP(s) the opportunity to respond
	+ assist with concerns or complaints about third-party entities such as hospitals, or any other health professional who is not directly employed by the Practice—these should be directed to the appropriate organisation or regulatory authority
	+ contact the police on behalf of the complainant where illegal activities are suspected without the complainant’s specific consent

|  |  |
| --- | --- |
| **CHECKLIST****Have you completed the following?** included date and approximate time of the complaint described the complaint in as much detail as possible enclosed copies of documents that may support this complaint provided your name and a telephone number where you can be reached during the day signed and dated Authorised Consent form, if applicable signed and dated the Confirmation box (page 3)  checked that all five pages of this form arefilled in and any separate sheets are attached | **When you have completed this Complaint Form, please send it by:****eMAIL to: Mill Hill Surgery Complaints** admin.millhillsurgery@nhs.netIf you would like more information about the practice’s complaints process, please visit [**www.millhillsurgery.co.uk**](https://www.millhillsurgery.co.uk/)or email us at admin.millhillsurgery@nhs.net.**Thank you for taking the time to complete this form.** |
|  |  |

|  |
| --- |
| **PERSON REGISTERING THE COMPLAINT** |
| Title: Full Name:(Mr. Ms. Dr. etc.)Address: City: Post Code: Phone: I am the patient. Date of Birth: email:(DD-MM-YYYY) I am representing the patient for the purposes of this complaint and I have completed the [Authorised Consent](https://www.millhillsurgery.co.uk/files/pdf/Complaint-Authorisedconsent.pdf) form.My relationship to the patient is:(Example: *parent, spouse, child, relative, lawyer, friend, carer, Power of Attorney, etc.*) |

|  |
| --- |
| **PATIENT INFORMATION** (If different from above) |
| Title: Full Name:(Mr. Ms. Dr. etc.)Address: City: Post Code:Phone: Date of Birth: (DD-MM-YYYY) |

|  |
| --- |
| **CONFIRMATION****Please note: All complaints must be signed by the patient and/or patient’s representative.** |
| I have read and understand the following:I understand that non-clinical members of the staff at the Practice will obtain relevant medical records of the patient as part of the investigation. The practice will share some or all of the information and documents it receives from the complainant and other parties to the GP(s).The information on this form is collected and the information provided will be used to process your complaint.If you have any questions about the collection or use of this information, or if you remain dissatisfied with our resolution or handling of your complaint, you can approach NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 2233 or email: England.contactus@nhs.net**Complainant’s Signature: Date:**(If you are not the patient)**Patient’s Signature:**  **Date:** |

|  |
| --- |
| **DETAILS OF YOUR COMPLAINT**Please identify and explain in detail the causes you are filing this complaint about. If you are filing a complaint about more than two matters, please continue on a separate sheet.**Please note: A copy of this complaint may be sent to the GP(s) or other members of staff involved.** |
|  |

|  |
| --- |
| **RELIEF SOUGHT**Please describe what you would like to see happen as a result of this complaint.**Please note: The practice has no legal authority to direct or influence the payment of financial compensation to complainants.** |
|  |

|  |
| --- |
| **DETAILS OF YOUR COMPLAINT – Cont.**Please identify and explain in detail the causes you are filing this complaint about. If you are filing a complaint about more than two matters, please continue on a separate sheet.**Please note: A copy of this complaint may be sent to the GP(s) or other members of staff involved.** |
| If needed, please continue on a separate sheet and attach it to this form. Check here if you have continued on another sheet. |

|  |
| --- |
| **DETAILS OF OTHER MATTER(S)**Please identify any other matter(s) or concerns you would like to bring to our attention in relation to this complaint. If there are more than two matters you need to provide information for, please continue on a separate sheet.**Please note: A copy of this complaint may be sent to the GP(s) or other members of staff involved.** |
|  |